

**APPLICATION TO OBTAIN LOGON PASSWORD
AND
AUTHORIZATION OF VENDOR OR SERVICE PROVIDER**

I, the undersigned, am on record with the Secretary of State as the
treasurer, assistant treasurer, candidate, controlling officeholder,
state measure proponent, individual donor, or responsible officer
(circle one)

of the

_____ committee, ID # _____
(insert full name of committee*) (insert if known)

and am entitled to file campaign disclosure reports on behalf of said committee.
In order to file my required statements electronically, I hereby apply for issuance
of an electronic filing password and user identification number.

Furthermore, I intend for my vendor or service provider to submit my reports
electronically on my behalf. I hereby authorize

(insert full name of vendor/provider)

to obtain my electronic filing password and identification number in order to
timely file my campaign statements.

Subscribed and sworn this ____ day of _____, _____.

(signature)

(printed name of signer)

* This form may also be used by major donors. Insert the name of the major
donor in the committee name section, and leave the identification number field
blank. The Secretary of State will assign a number to you for your use in filing
electronically.

*This form must be submitted on committee letterhead and signed by the candidate or
filer currently on record with the Secretary of State. **Please be sure to include a fax
number where we may direct our response.***

CAL-ACCESS 1
1/18/00

PLEASE FAX THIS APPLICATION TO (916) 653-5045.